

FILED JUN 12 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)
In this community 18 days

3. (a) PRINT FULL NAME Mrs Clara Keim

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jared Keim 6. (c) Age of husband or wife if alive 20 years (Day) (Year)
7. Birth date of deceased March 20 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Abraham Clerk

12. Name Abraham Clerk 13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name OK 15. Birthplace OK (City, town, or county) (State or foreign country)

16. (a) Informant Golda May Keim

(b) Address Kansas City, Mo

17. (a) Removal (b) Date thereof May 15, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Plainville, Kansas

18. (a) Signature of funeral director Leslie Wallace

(b) Address Fulton, Missouri

19. (a) May 15 1943 (b) Jose M. Mouch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town J.C. (If outside city or town limits, write "RURAL")
(d) Street No. 3541 Park (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day May year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 1 1943 to May 15 1943 that I last saw her alive on May 15 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to Generalized arterio sclerosis

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury no

23. Signature Forrest Thomas MD (M. D. or other)
Address Fulton Mo Date signed 5/15/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ernest E. White

Licensed Embalmer No.

4168

P. O. Address.....

Hulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.